

with cytotoxic drugs. All nurses used gloves for preparing and administering hazardous drugs and in nursing patients on cytotoxic drugs; 48% of nurses never used gowns; 39% prepared drugs in vertical-airflow biological safety cabinets.

Conclusions: Due to the inadequate list of personnel dealing with cytotoxic drugs, insufficient knowledge of and experience with cytotoxic drugs, irregular use of safety gowns and other safety materials in preparing and administering cytotoxic drugs, we decided to prepare recommendations on safe handling of cytotoxic drugs in health care comprising, (1) standards, (2) national legislation on protective measures, and (3) post-graduate training of personnel.

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POSTER

Intensity Modulated Radiotherapy (IMRT) of prostate cancer: A greater demand for quality control and daily treatment accuracy

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We implemented an IMRT technique for irradiation of patients with prostate cancer. The increased complexity of the IMRT technology has imposed a modification of the quality control program for daily treatment verification. As the margins around the target are smaller, the day to day setup accuracy was, off-line, verified by measurement of the table height position.

Methodology: Patients are treated using a 3-dimensional conformal radiation technique. Three beams in the transverse plane with an anisotropic margin of 1.5 cm around the target (prostate + seminal vesicles) were used to obtain a homogeneous dose distribution. Gantry angles were 0.116 and 244° in all cases. Collimator and table isocenter rotations were always zero. The rectum, bladder and both femoral heads were considered as the organs at risk. Treatments were delivered by means of a SL-18-MLC AND SL-25-MLC in a forced step-and-shoot mode executed by a prototype dynamic MLC (Elekta, Crawley-UK).

From the treated patients all available data of the table height position were collected and stored in a database (Excel 5.0) on a personal computer.

Conclusion: This poster will show the expansion of the QC in process control needed to use this technique appropriate, safe and efficient.

Daily accurate reproducibility is shown in the data of variation of the table height position.

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POSTER

The need for frequent stimulation and help of the investigators for a good management in the "TDM study"

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Purpose: We initiated a prospective study involving local oncologists, gastroenterologists and surgeons as well as radiologists and biologists in order to evaluate the routine tomodesitometric follow up and cost benefit ratio in patients with metastatic colorectal cancer.

Patients: Patients have colorectal cancers with hepatic or pulmonary metastases and receive chemotherapy. The study is not a therapeutic trial. The aim is to look for correlations between clinical, biological and radiological markers that are the efficacy parameters usually required to evaluate chemotherapy (WHO criterious for response and survival). The effect of 3 or 4 chemotherapy courses is determined by radiological response, evolution of the clinically measured lesions, tolerance and tumor markers. After assessment the patients are classed in 2 groups: responding patients considered as having progressive disease who will have further receive another treatment.

Monitoring: In this study the theoretical and true inclusions graphs are similar and 100 patients were initially planned and actually enrolled. During the study, the participants have been motivated for meetings and radiologists for review of CT scan. At 62 patients, missing data number is <10% and none lost to follow up. About 50 additional patients were initially considered for eligibility but were not included.

Conclusion: Datamanagement from the beginning to the end, information to investigators for study progress, anticipation of visits by calendars (sent to doctors, radiologists and biologists), collection and report of data on case report form by the research assistant have probably contributed to the correct rate of inclusions and good data collection.

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POSTER

Comfortable patients in protocolled trials

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Aim: Through well-informed nurses to achieve the highest possible level of safety for the patients receiving medical/radiation therapy.

Methods:

- Continuity in the nursing
- Primary nursing
- Empathy/care
- Data collection
- Information (general/specific)
- Establish contact to other treatment groups
- Establish contact to the physician responsible for the protocol
- Verbal and written information
- Instruction/support/counselling to patients and relatives
- Coordination

Results: Well-informed patients participate actively in their own treatment and share responsibility for their treatment and protocol course. Also, the patients have more energy enabling them to complete the treatment. There is a higher level of responsibility in the patients as well as in the nurses, and furthermore, the patients experience a higher level of trust in the nurses/doctors and thereby also in the public health care system.

Visions: That an even larger group of patients gets the opportunity of similar nursing and course of treatment.

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POSTER

Guideline for patients undergoing chemoembolization

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Chemoembolization is one of the current treatments for the liver tumor, whether it is a primary tumor or if it is metastatic. This procedure is in our environment very infrequent and unknown for the larger part of the people.

Our service is one of the two sites where chemoembolization is performed in our country. The chemoembolization have many possible side effects and risks due it involves the injecting of chemotherapy through a cateter inserted via the femoral artery reaching finally into the liver artery that feeds the tumor.

Due to the risk this procedure brings, it must be known by the patient so he may collaborate knowingly in the previous preparation and during and after the procedure to get a good result, thus avoiding foreseen risks.

With the purpose of improving and helping the patient to get his collaboration, we created this guideline, which is handed to the patient when the physician suggest this treatment. We are currently evaluating the use fullness of this material for ameliorate the patient's compliance.

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POSTER

Use of alginate dressings in the care of chronic wound

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Cancer patients after surgery are often in a poor psycho-physical condition, and often in a phase of catabolism before surgery. This results in worse healing of the surgical wound, which may entail a prolonged healing period secundam and the so-called chronically infected surgical wound.

Nursing care is aimed at achieving an optimally short healing time, less painful wound dressing, reduced nursing care burden and shorter hospitalization periods. Our study included 6 operated patients with an open infected surgical wound. In the first 14 days after surgery, the patients were treated with dressings of 10% Betadine in 0.9% saline solution 4 times daily, and with alginate dressings thereafter. Already after few days of alginate dressings use, the healing process was found to have improved considerably, as compared to standard dressings. Furthermore, a directed systemic antibiotic therapy in combination with alginate dressings effectively eliminated the surgical wound infection.

Conclusion: The use of alginate dressings in the care of chronically infected surgical wounds contributed towards shorter surgical wound healing process, improved quality of patients' life, and reduced nursing care burden. Taking into account shorter hospitalization time, the cost-benefit ratio is positive, regardless the price of alginate dressings.